

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)		2. DATE	RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM AUG 20 1 40 PM '99
American Hospital Association PAC		8/19/99	
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed)		3. FEC Identification Number	
325 7th Street, NW		C00106146	
(c) City, State and ZIP Code		4. Is This Report An Amendment?	
Washington, DC 20007		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

5. TYPE OF COMMITTEE (Check one)

- ☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- ☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- ☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- ☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- ☒ (e) This committee is a separate segregated fund.
- ☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
See Attached		

Type of Connected Organization

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
Al Jackson	<i>Al Jackson</i>	8/20/99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-219-3420

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FEC FORM 1
 (revised 4/87)

**American Hospital Association Political Action Committee
Statement of Organization**

Attachment

6.

Name of Any Connected Organization or Affiliate Committee	Mailing Address	Relationship
AzHHA Political Action Committee	1501 W. Fountainhead Pwky. Suite 650 Tempe, AZ 85282	Affiliated
California Healthcare Association PAC-Federal	P.O. Box 1100 Sacramento, CA 95812-1100	Affiliated
PAC of Missouri Hospital Association	P.O. Box 60 Jefferson City, MO 65102-0060	Affiliated
Montana Hospital Association PAC-Federal Fund	P.O. Box 1519 Helena, MT 59604	Affiliated
North Carolina Hospital PAC- Federal	P.O. Box 80428 Raleigh, NC 27623	Affiliated
Health Alliance Political Action Committee - Federal	4750 Lindle Road Harrisburg, PA 17105	Affiliated
THA-The Association of Texas Hospitals and Health Care Organizations PAC	6225 U.S. Highway 290 East Austin, TX 78723	Affiliated
Healthcare Association of Hawaii PAC	932 Ward Avenue Honolulu, HI 96814	Affiliated
New York State Hospital and Healthcare Associations' Federal Political Action Committee	74 North Pearl Street Albany, NY 12207	Affiliated

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.



Hand Delivered

Date of Receipt

8-20-99



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POSTMARKED



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and Registration

Date of Receipt

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Records

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JmW

PREPARER

8-20-99

DATE PREPARED